Samuel B. Laferty, 31,537

## COMBINED DECLARATION AND POWER OF ATTORNEY

(ORIGINAL, SUPPLEMENTAL, DIVISIONAL, CONTINUATION OR CIP)

As a below named inventor, I hereby declare that:

	TYPE OF DE	CLARATION
This declaration is of the	e following type: (check	one applicable item below)
⊠ original	□design	□ supplemental
☐ divisional	□ continuation	☐ continuation-in-part (CIP)
	INVENTORSHIP I	DENTIFICATION
believe I am the origin	al, first and sole inverventor (if plural names	ship are as stated below next to my name. Intor (if only one name is listed below) or an are listed below) of the subject matter which the invention entitled:
Title Of Invention: Emu	sifiers for Multiple Emu	ilsions
	SPECIFICATION I	DENTIFICATION
the specification of whic	h: (complete (a), or (b)	
number and title.	November 3, 2005 as	nerein by name of inventor(s), attorney docket s ⊠ as Serial No. 10/555,477 and was
ACKNOWLEDG	MENT OF REVIEW O	F PAPERS AND DUTY OF CANDOR
•		lerstand the contents of the above identified by any amendment referred to above.
I acknowledge the dut in 37, CODE OF FEDEF		on which is material to patentability as defined 1.56.
	POWER OF A	ATTORNEY
<b>7</b> 1 1	the Patent and Trader	l/or agent(s) to prosecute this application and nark Office connected therewith. (List name
Teresan W. Gilbert, 3 Michael F. Esposito,	•	David M. Shold, 31,664 Jason S. Fokens, 56,188

SEND CORRESPONDENCE TO

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## **DECLARATION**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under SECTION 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

## SIGNATURE(S)

Full name of sole or firs	st inventor <u>Brian B. Filippini</u>	
Brian	B.	Filippini
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	☐ This declaration ends with this	page

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Date	Country of Citizenship	
Residence		
Post Office Address _		

CHECK PROPER BOXES FOR ANY OF THE FOLLOWING ADDED PAGE(S) WHICH FORM A PART OF THIS DECLARATION

\* \* \* \* \* \*

If no further pages form a part of this Declaration then end this Declaration with this page and check the following item

☑ This declaration ends with this page